



PROVIDER PRE-ENROLLMENT (To obtain State Pre-enrollment Information)

Sponsor: _____

	Provider Name (Last name first)	Registration Expires on	Registered PV #	City Where Daycare is Provided
1				
2				
3				
4				
5				

Use additional lines above for the same provider as needed)

Sponsor: _____

SIGNATURE AND DATE

STATE USE ONLY	
<input type="checkbox"/> Each facility listed is not currently on the State or National disqualified list.	<input type="checkbox"/> All above are approved.
<input type="checkbox"/> Each facility is currently licensed.	<input type="checkbox"/> All but the following are approved: _____ _____
<input type="checkbox"/> No facility listed is participating under more than one sponsor.	_____ Montana CACFP: SIGNATURE AND DATE
_____ COMMENT	